

10/520507

PT12 Rec'd PTO/PPO 07 JAN 2005

Application Data Sheet

**Application Information**

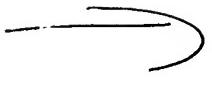
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: **IMPROVEMENTS RELATING TO BLOOD  
SAMPLING DEVICES**  
Attorney Docket Number:: 3003-1161  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

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**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: DAVID DANVERS  
Middle Name::  
Family Name:: CROSSMAN  
Name Suffix::  
City of Residence:: OXFORD  
State or Province of Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing Address:: THE TOWER, CHRISTMAS COMMON  
Address::  
City of Mailing Address:: OXFORD  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: OX9 5HL

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: JEREMY  
Middle Name::  
Family Name:: MARSHALL  
Name Suffix::  
City of Residence:: OXFORD  
State or Province of Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing Address:: 16 CRANHAM STREET  
Address:: JERICHO  
City of Mailing Address:: OXFORD



State or Province of Mailing Address::

Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: OX2 6DD

**Correspondence Information**

Correspondence Customer  
Number::

00466

**Representative Information**

Representative Customer  
Number::

00466

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/GB04/03314	8/2/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GREAT BRITAIN	0318366.2	8/6/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::